



UPDATE ON ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) TO OPIOID AND HEROIN STAKEHOLDERS GROUP

Karen Kimsey, MSW
Deputy Director, Complex Care
Virginia Department of Medical Assistance Services
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www.dmas.virginia.gov

Virginians Covered by Medicaid and CHIP



1 in 8 Virginians rely on Medicaid

Medicaid is the primary payer for **behavioral health** services



Medicaid covers **1 in 3** births in Virginia

50% of Medicaid beneficiaries are children



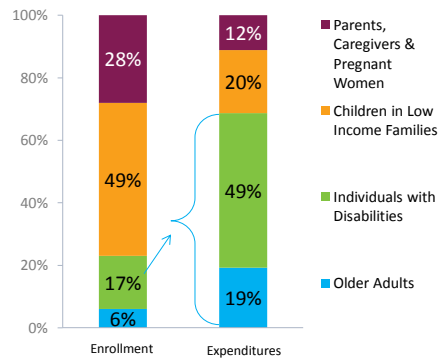
2 in 3 nursing facility residents are supported by Medicaid

62% of long-term services and supports spending is in the community

Medicaid plays a critical role in the lives of over 1 million Virginians

Virginia Medicaid: Enrollment and Expenditures

Enrollment vs. Expenditure SFY 2016



1.3 M
Enrolled

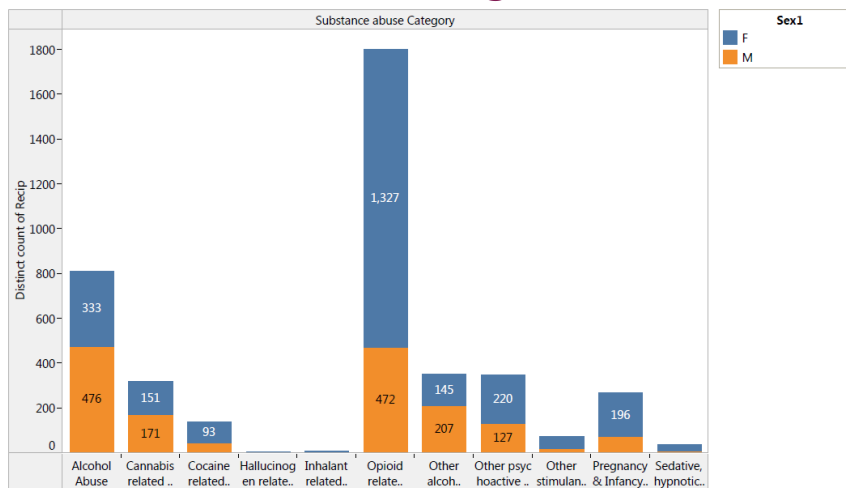
\$8.41 B
Spent

23% of the Medicaid population **Drives** **68%** of total expenditures

Expenditures are disproportionate to population where services for older adults and individuals drive a significant portion of Medicaid costs

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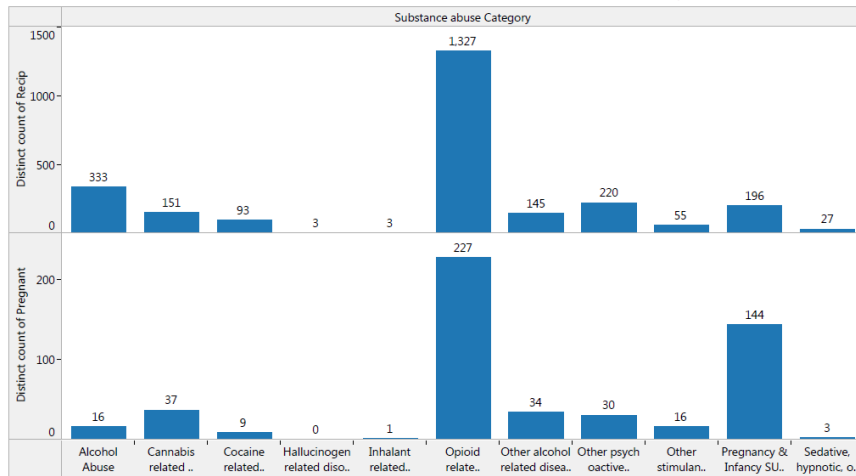
Medicaid Members with Substance Use Disorder Diagnosis



Source: Department of Medical Assistance Services – claims/encounter data (CY2017).
Circles # of Medicaid recipients whose claims/encounter data included an addiction related diagnosis.



Medicaid Members who are Pregnant by Substance Use Disorder Diagnosis



Source: Department of Medical Assistance Services – claims/encounter data (CY2017).

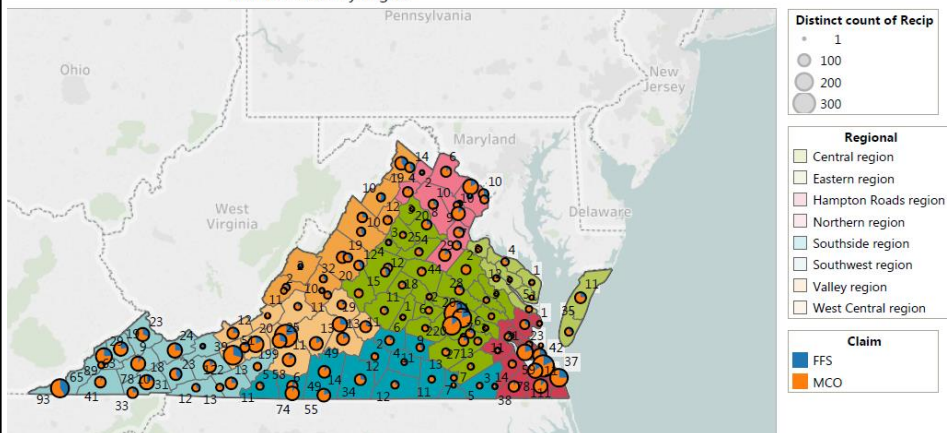
Top row are all female recipients whose claims/encounter data included an addiction related diagnosis.

Bottom row identifies recipients who are pregnant.



Communities Impacted by Addiction

Member count by Region



Source: Department of Medical Assistance Services – claims/encounter data (CY2017).



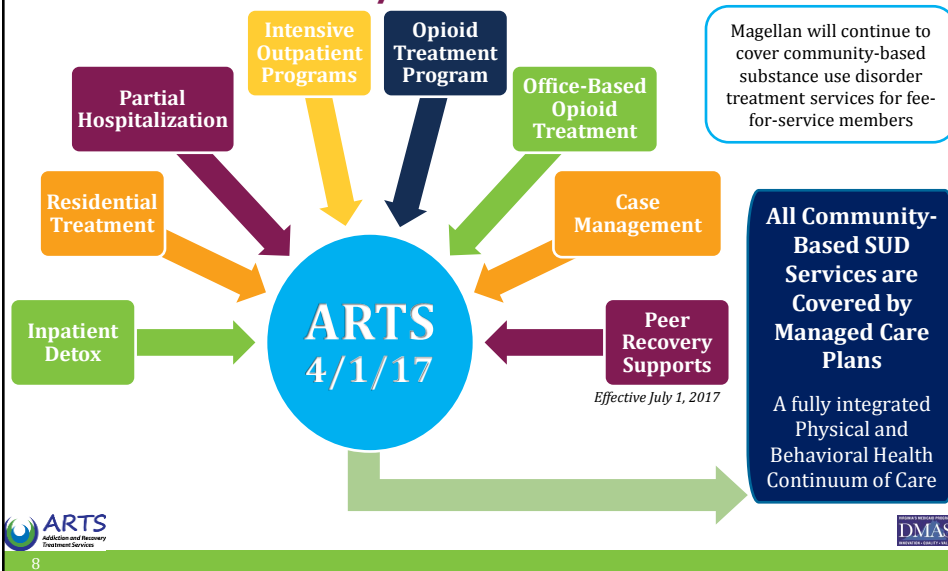
Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to DMAS's Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members

- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase rates for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require SUD Care Coordinators at DMAS contracted Managed Care Plans
- 6 Organize Provider Education, Training, and Recruitment Activities



Transforming the Delivery System for Community-Based SUD Services



ASAM LOC Placement	Setting
4 Medically Managed Intensive Inpatient	<ul style="list-style-type: none"> Acute Care General Hospital - Inpatient Detox in Medical Beds
3.7 Medically Monitored Intensive Inpatient Services (Adult) Medically Monitored High-Intensity Inpatient Services (Adolescent)	<ul style="list-style-type: none"> Inpatient Psychiatric Unit Freestanding Psychiatric Hospital Community-Based Facility
3.5 Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent) 3.3 Clinically Managed Population-Specific High-Intensity Residential Services (Adults)	<ul style="list-style-type: none"> Community-Based Facility Licensed for SA Residential Treatment Services Specialty Unit in a Health Care Facility
3.1 Clinically Managed Low-Intensity Residential Services	<ul style="list-style-type: none"> Mental Health and Substance Abuse Group Home Supervised Living Services for Adults
2.5 Partial Hospitalization Services 2.1 Intensive Outpatient Services	<ul style="list-style-type: none"> Licensed Program at a Health Care Facility or Community Provider
1 Outpatient Services	<ul style="list-style-type: none"> Outpatient Services
0.5 Early Intervention	<ul style="list-style-type: none"> Emergency Departments, Primary Care Clinics, FQHCs, CSBs, Health Departments, Pharmacies, etc.
Opioid Treatment Program (OTP)	<ul style="list-style-type: none"> Public and Private Methadone Clinics
Office-Based Opioid Treatment (OBOT)	<ul style="list-style-type: none"> CSBs, FQHCs, Outpatient Clinics, Physician's Offices

ARTS Provider Education, and Training

Partnership of DMAS, Department of Behavioral Health and Developmental Services, and Virginia Department of Health

- Over **800** providers attended 12 DMAS “ARTS 101” in-person sessions across the Commonwealth in the Fall, and an additional 140 providers attended ARTS webinars.
- Over **750** physicians, NPs, PAs, behavioral health clinicians, and practice administrators attended VDH Addiction Disease Management trainings
- Over **500** providers attended DBHDS trainings on ASAM patient placement criteria
- Over **800** providers attended 10 “ARTS provider manual trainings”



"Gold Card" Office-Based Opioid Treatment

Settings and Care Model

- CSBs, FQHCs, outpatient clinics psychiatry practices, primary care clinics
- Provide Medication Assisted Treatment (MAT) - use of medications in combination with counseling and behavioral therapies that results in successful recovery rates of 40-60% for opioid use disorder compared to 5-20% with abstinence-only models
- Supports integrated behavioral health - buprenorphine waived practitioner with on site credentialed addiction treatment professional (e.g., licensed clinical psychologist, LCSW, LPC, licensed psychiatric NP, etc.) providing counseling to patients receiving MAT

Payment Incentives

- Buprenorphine-waivered practitioner in the OBOT can bill all Medicaid health plans for **substance use care coordination code** (\$243 PMPM) for members with moderate to severe opioid use disorder receiving MAT
- Can bill **higher rates for individual and group opioid counseling**
- Can bill for Certified Peer Recovery Support specialists



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Preliminary Increases in Addiction Providers Due to ARTS

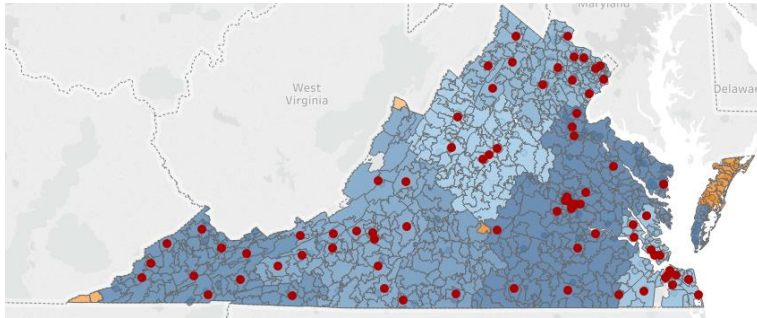
Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	83	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	79	↑ 1525%
Partial Hospitalization Program (ASAM 2.5)	0	14	NEW
Intensive Outpatient Program (ASAM 2.1)	49	88	↑ 16%
Opioid Treatment Program	6	35	↑ 467%
Office-Based Opioid Treatment Provider	0	36	NEW



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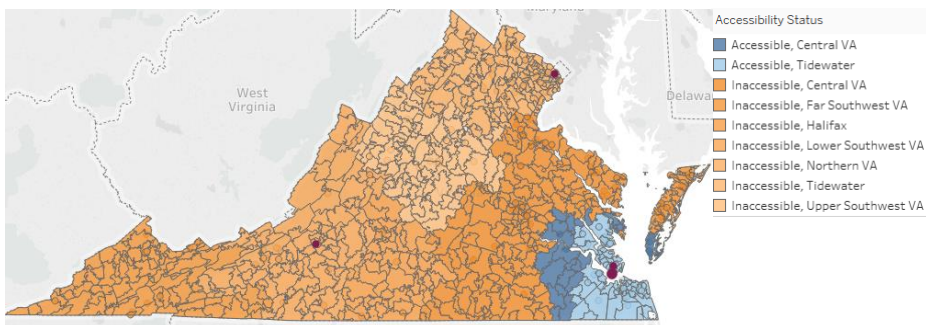
NEW ARTS Medicaid Provider Network Adequacy ASAM 4 Inpatient Detox



Source: Department of Medical Assistance Services - ARTS provider network data (May 15, 2017). Circles are locations of Medicaid providers used in the network adequacy calculation. For a zip code to be deemed accessible, there must be at least two providers within 60 miles driving distance as calculated as the distance between the centroids of the zip code of the member and the zip code of the provider.



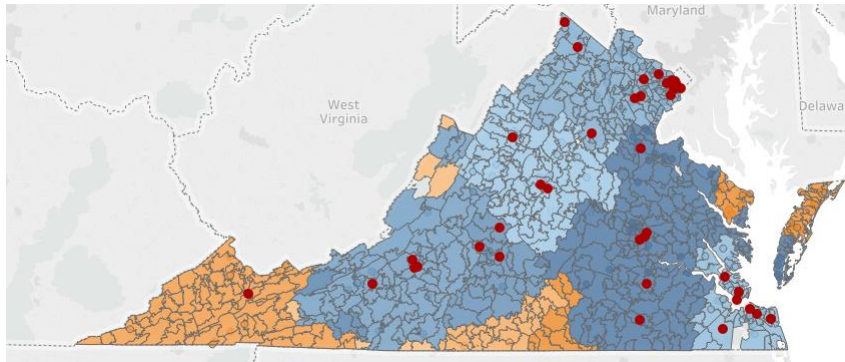
Before ARTS Medicaid Provider Network Adequacy Residential Treatment



Source: Department of Medical Assistance Services - Provider Network data (March 20, 2017). Circles # of Medicaid providers included in network adequacy access calculation. Accessible is considered to be at least two providers within 60 miles of driving distance. Driving distance is calculated by Google services based on the centroid of each zip code.



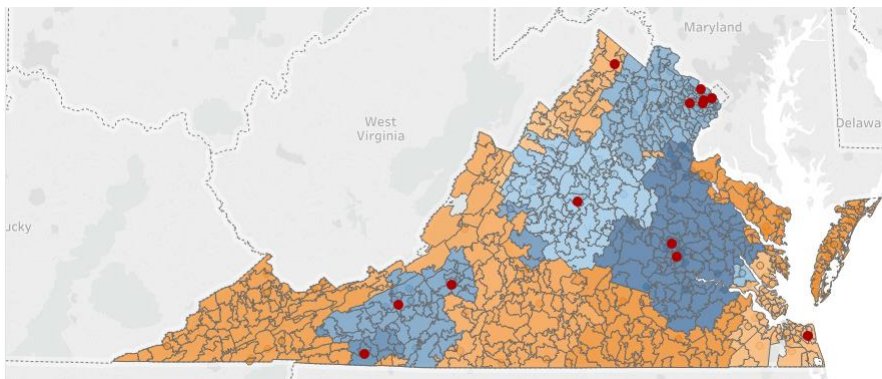
After ARTS Medicaid Provider Network Adequacy ASAM 3.1/3.3/3.5/3.7 Residential Treatment



Source: Department of Medical Assistance Services - ARTS provider network data (May 15, 2017). Circles are locations of Medicaid providers used in the network adequacy calculation. For a zip code to be deemed accessible, there must be at least two providers within 60 miles driving distance as calculated as the distance between the centroids of the zip code of the member and the zip code of the provider.



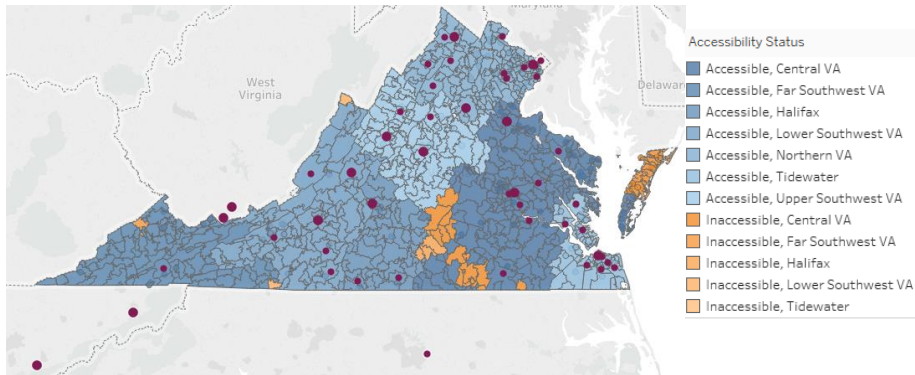
NEW ARTS Medicaid Provider Network Adequacy ASAM 2.5 Partial Hospitalization



Source: Department of Medical Assistance Services - ARTS provider network data (May 15, 2017). Circles are locations of Medicaid providers used in the network adequacy calculation. For a zip code to be deemed accessible, there must be at least two providers within 60 miles driving distance as calculated as the distance between the centroids of the zip code of the member and the zip code of the provider.

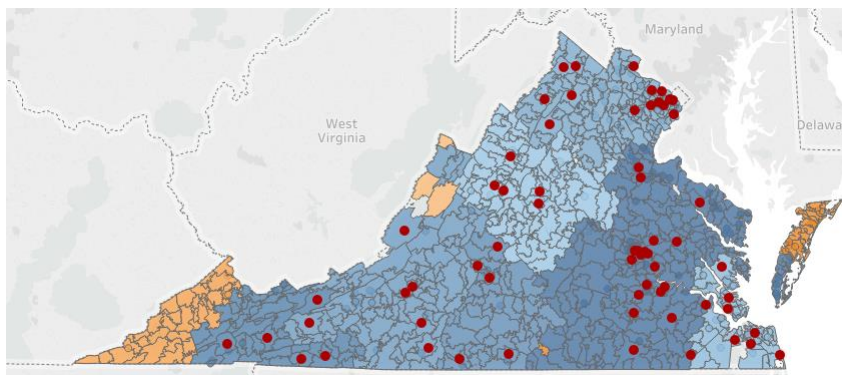


Before ARTS Medicaid Provider Network Adequacy Intensive Outpatient Programs



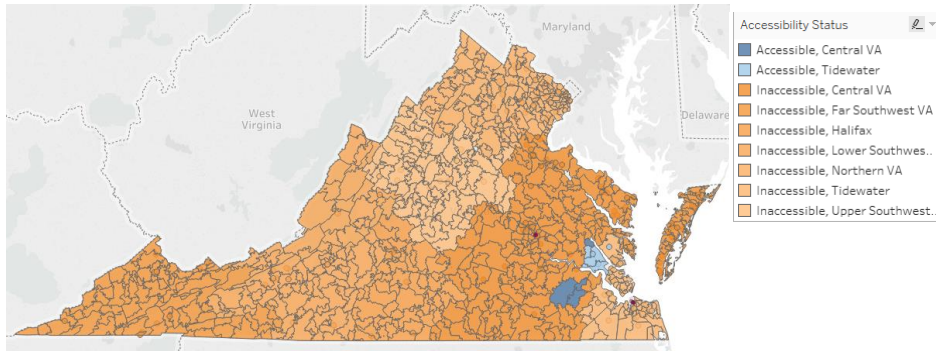
Source: Department of Medical Assistance Services - Provider Network data (March 20, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
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After ARTS Medicaid Provider Network Adequacy ASAM 2.1 Intensive Outpatient



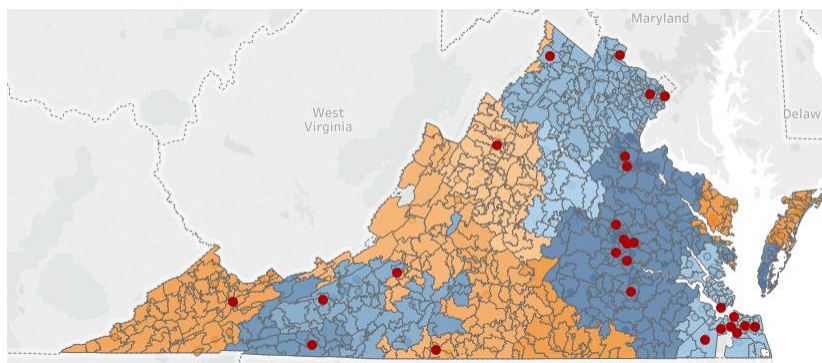
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Before ARTS Medicaid Provider Network Adequacy Opioid Treatment Program



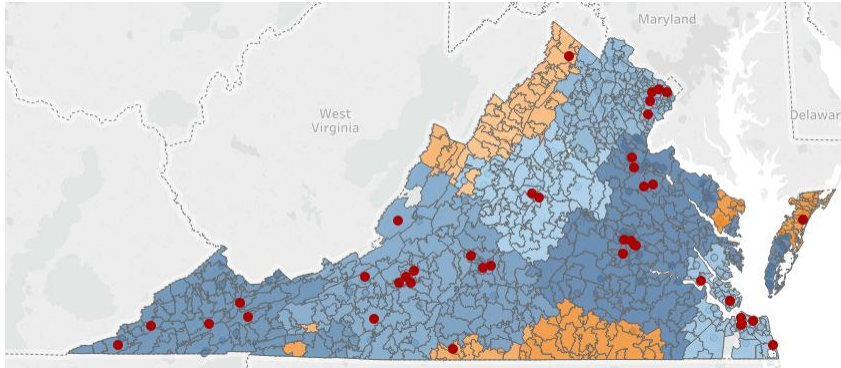
Source: Department of Medical Assistance Services - Provider Network data (March 20, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

After ARTS Medicaid Provider Network Adequacy Opioid Treatment Programs



Source: Department of Medical Assistance Services - ARTS provider network data (May 15, 2017). Circles are locations of Medicaid providers used in the network adequacy calculation. For a zip code to be deemed accessible, there must be at least two providers within 60 miles driving distance as calculated as the distance between the centroids of the zip code of the member and the zip code of the provider.

NEW Medicaid Provider Network Adequacy Office Based Opioid Treatment



Source: Department of Medical Assistance Services - ARTS provider network data (May 15, 2017). Circles are locations of Medicaid providers used in the network adequacy calculation. For a zip code to be deemed accessible, there must be at least two providers within 60 miles driving distance as calculated as the distance between the centroids of the zip code of the member and the zip code of the provider.



Peer Support Services

Effective July 1, 2017

- A Peer Recovery Specialist (PRS) is a self-identified individual with lived experience with mental health or substance use disorders, or co-occurring mental health and substance use disorders who is trained to offer support and assistance in helping others in the recovery and community-integration process.
- Available to individuals who have mental health conditions and/or substance use disorders

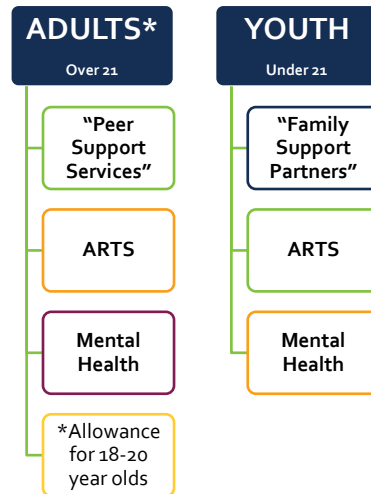
Supported by The Centers for Medicare & Medicaid Services (CMS) as "...an important component in the State's delivery of effective treatment."

Supported by the Governor's Task Force on Prescription Drug and Heroin Addiction

Established in response to a legislative mandate



Peer Support: Targeted Populations



*Individuals 18-20 years old who meet the eligibility criteria for Peer Support Services in ARTS or MH, who would benefit from receiving peer supports directly, and who choose to receive Peer Support Services directly instead of through their family are permitted to receive Peer Support Services by an appropriate Peer Recovery Specialist.

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Governor's Access Plan for the Seriously Mentally Ill and ARTS

- A targeted benefit package for uninsured, low income Virginians who have a serious mental illness (SMI).
- The GAP provides basic medical and targeted behavioral health care services through an integrated and coordinated delivery model to qualifying individuals with SMI.
- Currently covers ARTS Outpatient, Intensive Outpatient and Medication Assisted Treatment.
- ARTS coverage expanding to include Partial Hospitalization and Residential Treatment Services 10/1/17!



QUESTIONS

For more information, please contact:

SUD@dmass.virginia.gov

http://www.dmass.virginia.gov/Content_pgs/bh-sud.aspx